



Labor**Staffers**™

Customer Name

Address

Report To

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Labor Staffers office after completing this assignment to discuss another assignment, and, if I do not do so, without good cause, Labor Staffers may assume that I am not then available for work and unemployment benefits may be denied.

Employee Name

Social Security Number

Employee Signature

| Day | Month/Date | Time In | Time Out | Lunch Period | Total Hours |
|------------------|------------|-------------|----------|------------------|-------------|
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thu | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| Week Ending Date | | Office ID # | | Week Total Hours | |

Customer Approval

Cross out any days not worked by employee. Approval includes verification of hours worked.

X

Date